DATE RECEIVED -- FOR INTERNAL USE ONLY **FUN Park Grant Cover Sheet** Outdoor Recreation Grants Program Arkansas Department of Parks, Heritage and Tourism APPLICANT INFORMATION a. Name of Municipality or County b. Applicant Type Municipality County c. Mailing Address d. Population (https://local.arkansas.gov/index.php) 2. APPLICATION PREPARER'S INFORMATION a. Name b. Mailing Address Phone Number 3. PROJECT INFORMATION a. Park(s) to be Developed Park Name Physical Address b. Proof of Ownership Deed Letter of intent to donate Letter of intent to sell Lease 4. ESTIMATED FUNDING a. Amount Requested Applicant's Contribution (Optional) **Total Project Cost** \$ 0.00 \$ 0.00 \$ 0.00 b. I agree to complete the project if the estimated costs exceed the grant amount Yes No **CHIEF EXECUTIVE OFFICER** Title Name a. c. Phone Number d. Email e. Signature of Chief Executive Officer Signature Date

FUN Park Grant	Аррисант Натте
Project Narrative	
Outdoor Recreation Grants Program Arkansas Department of Parks, Heritage and Tourism	
. EXISTING PARK DESCRIPTION	
Does your city or community presently have one or more public parks? Yes If yes, what facilites exist in your park(s)?	No
If yes, who maintains the facilities that exist in your park(s)?	
2. BENEFITS EXPECTED	
Provide an explanation of how each facility within the FUN Park will be developed:	
3. CHIEF EXECUTIVE OFFICER	
a. Name b. Title	
c. Phone Number d. Email	
e. Signature of Chief Executive Officer Signature Date	

	FUN Park Grant	Applicant Name
	Estimated Project Cost	
	Outdoor Recreation Grants Program	
	Arkansas Department of Parks, Heritage and Tourism	
1.	DEVELOPMENT COSTS	
	Line Item	Cost \$
		\$ \$ [
		\$
		\$
		\$
		\$
		TOTAL \$ \$ 0.00
2.	REQUIRED COSTS	
۷.	REQUIRED COSTS	
	Architecture/Engineering (Up to 12% of Box #1)	\$
3.	OPTIONAL COSTS	
	Administration (Up to 10% of Box #1)	\$ \$ 0.00
4.	TOTAL COST	
	Development Engineering Administration \$ \$ 0.00 + \$ \$ 0.00 + \$ \$ 0.00	Grand Total = \$ \$ 0.00
		_ \$ \$ 0.00
5.	LIST YOUR PROJECTS IN PRIORITY ORDER	
	Prioritized Line Items	
	1. 5.	
	2. 6. 3. 7.	
	3. 7. 4. 8.	
6.	CHIEF EXECUTIVE OFFICER	
a.	Name b. Title	
C.	Phone Number d. Email	
e.	Signature of Chief Executive Officer	
	Signature Date _	